



# FY 2002 PRESIDENT'S BUDGET OVERVIEW

## CENTERS FOR DISEASE CONTROL AND PREVENTION

### CDC PROGRAM AND STAFFING LEVELS

	FY 2000 Actual	FY 2001 Enacted	FY 2002 Request	Request +/- Enacted
Program Level	\$3.342 billion	\$4.202 billion	\$4.093 billion	-\$109 million
FTE	7,862	8,165	8,267	+102

## SUMMARY

The FY 2002 budget requests a total of \$4.1 billion for the Centers for Disease Control and Prevention (CDC), a net decrease of \$109 million, or three percent, below FY 2001. This includes \$122 million in program increases, offset by reductions of \$231 million. The FY 2002 budget for CDC includes \$127 million in Public Health Service evaluation interagency transfer funds for activities related to Health Statistics.

CDC is the lead public health agency for promoting health and quality of life by preventing and controlling disease, injury and disability. CDC works with states, local public health agencies, and partners throughout the nation and the world to accomplish this mission. Together, they monitor health, detect and investigate disease outbreaks and other health problems, conduct research, develop and advocate sound health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthy environments, and provide public health leadership and training.

## MODERN, SECURE LABORATORIES AND FACILITIES

The work conducted in laboratories at CDC is relied upon worldwide to help control disease outbreaks and prevent illness and injury. For

example, the labs house one of the two official reference samples of smallpox, and analysis carried out at the labs was instrumental in identifying the first cases of West Nile Virus ever found in North America.

The FY 2002 budget includes \$150 million for Buildings and Facilities. A priority focus is construction of an infectious disease laboratory,

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an environmental laboratory, and in FY 2003, a communication and training facility. In FY 2002, CDC will use \$52 million of these funds for Phase II construction of a facility that includes laboratories dedicated to the most highly infectious and lethal pathogens handled at CDC,

and a related central utility plant. The new facility will include a Biosafety Level 4 laboratory for research on diseases that need to be highly contained such as Ebola, hantavirus, and Congo-Crimean hemorrhagic fever. Also included at the planned facility will be labs to support work on infectious disease agents that could potentially be used by terrorists.

Second, \$84 million will begin construction of the Environmental Toxicology Lab at the Chamblee Campus. This facility includes core lab space for bioterrorism preparedness activities at the National Center for Environmental Health (NCEH).

An additional \$14 million will be allocated to the ongoing maintenance of existing laboratories and support structures. The funding for these projects is included under the line item, "Buildings and Facilities."

## RESPONDING TO BIOTERRORIST THREATS

The budget includes \$182 million, an increase of \$1 million for CDC bioterrorism preparedness. This includes \$13 million in program increases, offset by \$12 million in reductions to programs

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that received one-time funding in FY 2001. New technologies have made it easier for terrorists to use biological and chemical weapons against civilian populations. Some possible scenarios could include the covert release of biological

agents, such as smallpox or anthrax. State and local public health officers must be able to detect potential bioterrorist events and mount control measures quickly if they are to prevent widespread death, disability and societal disruption caused by terrorist attacks.

The budget includes \$77 million, an increase of \$10 million, or 14 percent above FY 2001, for state and local bioterrorism preparedness. This includes funding for epidemiological and laboratory enhancements, the detection of outbreaks, and the Health Alert Network, CDC's electronic communications effort to provide Internet connectivity to community public health departments. Awards are made to public health departments in all fifty states and New York City, Los Angeles, Chicago, and Washington D.C. Funds also will support laboratory regulation of hazardous biological and chemical agents. An additional \$10 million will support national planning efforts and the development of a bioterrorism action plan.

Funds totaling \$22 million will upgrade capacity at CDC, including continued development of a rapid toxic screen that can quickly identify up to 150 chemical threats; additional training for the Epidemic Intelligence Service; and increased biological lab capacity, including further development of a Rapid Response and Advanced Technology (RRAT) Lab at the National Center for Infectious Diseases. The RRAT lab specializes in the triage and analysis of biological specimens suspected as potential agents of terrorism.

The budget proposes \$52 million for the National Pharmaceutical Stockpile that will be used in the event of a bioterrorist attack. The stockpile is being developed to respond to threats posed by smallpox, anthrax, plague, botulism, tularemia and hazardous chemical agents.

Also included in the budget is \$18 million to continue research evaluations of the anthrax vaccine used to inoculate military personnel. Activities supported by these funds include monitoring adverse events and analyzing dose requirements.

## INFECTIOUS DISEASES

Conquering many infectious diseases was one of the greatest triumphs of 20<sup>th</sup> century medicine and public health. However, the U.S. continues to confront a new infectious disease threat each year including, Ebola virus, hanta virus, lyme disease, toxic shock syndrome, Hong Kong flu, Nipah, and West Nile virus. In addition, foodborne diseases are estimated to cause 5,000 deaths and 76 million illnesses in the U.S. each year.

The budget includes \$332 million to fight infectious diseases, an increase of \$14 million, or four percent, over FY 2001. This budget activity includes efforts to reduce emerging infectious and foodborne diseases, improve patient safety, and provide laboratory support for HIV/AIDS, tuberculosis and immunization programs.

The budget increase will be used to expand assistance to states and localities to strengthen their capacity to detect and prevent the spread of infectious diseases. Funds also will increase efforts to prevent and control Hepatitis C, and increase sentinel surveillance of influenza, including novel strains that could cause a global pandemic.

**Patient Safety:** Medical errors are estimated to cause thousands of deaths and cost \$29 billion in excess health care expenditures in the U.S. each year. CDC will use a portion of the budget increase for infectious diseases to work with the Agency for Healthcare Quality and Research, the Food and Drug Administration, and the Health Care Financing Administration to develop a unified reporting system for partnering hospitals to make it easier for providers to communicate information on adverse events. CDC will use information it receives through the Sentinel Patient Safety Network to help reduce hospital-acquired infections.

## HIV/AIDS, STDs AND TB

Over the last two decades, HIV/AIDS prevention and treatment have advanced dramatically. Annually, the number of new AIDS cases in the U.S. continues to decline. However, new HIV cases still number over 40,000 each year. Worldwide, 16,000 people become infected each day, including 1,600 infants through mother-to-child transmission. The budget includes \$1.1 billion for prevention and control of HIV/AIDS, Sexually Transmitted Diseases and Tuberculosis, an increase of \$24 million, or two percent over FY 2001. Within the increase, \$20 million is for domestic and international prevention of HIV/AIDS.

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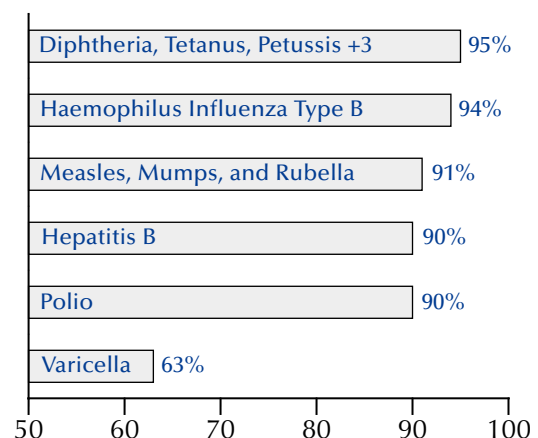
\$11 million increase for CDC's domestic HIV/AIDS prevention activities, including expanded local efforts that will increase the number of people who know their HIV status, and link infected individuals to prevention, care and treatment services.

To combat global AIDS, the budget contains \$117 million, an increase of \$12 million, or 11 percent, above FY 2001. It is estimated that 22 million people live with HIV in sub-Saharan Africa and cumulative AIDS deaths in the region total over 12 million, more than 80 percent of all AIDS deaths since the epidemic started. Funds will support improved surveillance, voluntary counseling and testing, and care, treatment and prevention of mother-to-child transmission.

## CHILDHOOD IMMUNIZATION

Delivery of safe and effective vaccines is the most cost-effective method of preventing illness. The goal for the year 2002 is to ensure that at least 90 percent of all two-year-olds receive the full series of vaccines and that a vaccination system is built that will sustain and further improve high coverage levels. Immunization rates at or above 90 percent for all children under age three are the best way to prevent outbreaks of vaccine preventable diseases.

### U.S. PERCENTAGE OF IMMUNIZED CHILDREN 19 TO 35 MONTHS



The FY 2002 immunization budget is \$1.4 billion, an increase of \$42 million, or three percent, over the FY 2001 current estimate. This includes \$575 million in discretionary appropriations to CDC, and \$796 million for the Vaccines for Children (VFC) program. Over 2 million newborns each year depend upon CDC funded vaccines.

The FY 2002 budget requests \$107 million, an increase of \$1 million, for global immunization activities, including polio eradication. While world-wide polio cases were reduced by an estimated 95 percent between 1988 and 2000, a major international increase in effort will be needed to reach the World Health Organization's goal to certify global polio eradication by 2005.

## **BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, AND HEALTH**

The Children's Health Act of 2000 called for CDC to establish a new Birth Defects and Developmental Disabilities Center. This center will carry out a range of activities previously funded in Environmental Health, including prevention of autism, fetal alcohol syndrome, and spina bifida. The FY 2002 budget proposes \$76 million, an increase of \$6 million, or eight percent for these programs. This includes \$11 million in program increases, offset by \$5 million in reductions to programs that received one-time funding in FY 2001. Activities to be addressed by this new center include: education and outreach, to increase consumption of folic acid; pilot programs, for attention-deficit, hyperactivity disorder; and increased surveillance and new state programs that will promote optimal childhood development.

## **OCCUPATIONAL SAFETY AND HEALTH**

The National Institute for Occupational Safety and Health (NIOSH) establishes and disseminates scientific and public health information

necessary to ensure safe and healthful working conditions for millions of American working men and women. Research will continue to address solutions to occupational disease and workplace safety concerns in those fields where the dangers are the greatest.

The budget includes \$266 million for NIOSH, an increase of \$6 million, or two percent over the FY 2001 level. This increase will support the National Occupational Research Agenda (NORA), NIOSH's research program developed cooperatively with academic centers and industry.

***Energy Employees Occupational Illness Compensation Act of 2000:*** In addition to its ongoing activities, NIOSH will assist in the implementation of the Energy Employees Occupational Illness Compensation Act of 2000. Sixty million in mandatory funding was appropriated to the Department of Labor (DOL) in FY 2001 for administrative costs, which can be transferred to various Federal agencies depending on their workload. The FY 2002 budget includes \$136 million in DOL, an increase of \$76 million over FY 2001, for the various agencies' administrative costs.

## **CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**

Of the top ten causes of death, chronic diseases account for the first four—heart disease, cancer, stroke, and chronic obstructive pulmonary diseases. CDC supports numerous ongoing activities designed to prevent chronic diseases including cardiovascular disease, diabetes, arthritis, and cancer. Chronic disease programs provide over 200,000 breast and cervical cancer screenings annually and promote proper diet, exercise, and tobacco-use reduction.

The budget includes \$575 million for Chronic Disease Prevention and Health Promotion, a decrease of \$175 million, or 23 percent, below

FY 2001. This reflects \$27 million in reductions to programs that received one-time funding in FY 2001, not continuing a new \$125 million youth media campaign, and \$23 million in reallocations to support new initiatives.

## **ENVIRONMENTAL HEALTH**

The budget includes \$137 million for environmental disease prevention. This includes \$3 million in program increases, offset by \$4 million in reductions to programs receiving one-time funding in FY 2001. CDC supports a comprehensive environmental health program that includes assessments of human exposure to toxic contaminants, prevention of asthma and childhood lead poisoning, public health genetics, and emergency response to chemical and radiological disasters.

## **EPIDEMIC SERVICES AND RESPONSE**

CDC's epidemiologists are the "disease detectives" that determine the cause of outbreaks and develop the countermeasures that stem the spread of illness. The FY 2002 budget includes \$80 million, an increase of \$3 million, or four percent above FY 2001, for the Epidemic Services and Response Program. Funds will support training activities, such as the Field Epidemiology Training Program (FTEP), which prepares public health practitioners in other countries to detect and respond to disease outbreaks.

## **PUBLIC HEALTH IMPROVEMENT**

The new Public Health Improvement budget line funded at \$110 million brings together cross-cutting activities that seek to improve the overall public health system. A primary goal of this program is to upgrade the public health infrastructure by developing integrated computer-based surveillance and electronic communications systems, such as the National

Electronic Disease Surveillance System (NEDSS). Funds also will support CDC's Public Health Practice Program Office (PHPPO), which provides training and performance measurement of public health activities at the state, local and national level; the Racial and Ethnic Approaches to Community Health (REACH 2010) demonstration projects, which seek to eliminate racial disparities in health in areas including chronic and infectious diseases; and Prevention Research.

## **INJURY PREVENTION**

Nearly 150,000 Americans die each year from injuries. The budget includes a total of \$144 million for injury prevention efforts, an increase of \$1 million over FY 2001. This includes \$45 million previously funded through the Crime Bill and displayed as part of the Preventive Health Block Grant.

CDC will continue an emphasis on preventing violence against women and youth violence by developing a National Violent Death Reporting System and continuing to expand the National Resource Center for Youth Violence Prevention.

## **HEALTH STATISTICS**

The budget includes \$127 million, an increase of \$5 million over the FY 2001 level, for health statistics. In FY 2002, NCHS will support the National Health Interview Survey, the National Health and Nutrition Examination Survey, the National Vital Statistics System, and the National Health Care Survey. These surveys, along with NCHS research and analytic programs, provide information critical to monitoring the dynamics of health and health care, and provide the underpinnings for biomedical research, health policy, and public health practice. The budget requests that CDC's health statistics program be financed entirely by PHS evaluation funds in FY 2002.



## **AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)**

ATSDR is managed as part of CDC and performs public health activities related to Superfund Toxic Waste sites. These include health consultations, epidemiological surveillance, profiles of the health effects of hazardous substances, and education of health care providers near Superfund sites. The budget includes \$78 million for ATSDR, an increase of \$3 million over the FY 2001 level. ATSDR is funded through the Veterans Affairs, Housing and Urban Development appropriations subcommittee. Prior to FY 2001, ATSDR was funded through the Environmental Protection Agency.

## **PREVENTIVE HEALTH BLOCK GRANT**

The FY 2002 budget includes \$135 million for the Preventive Health and Health Services Block Grant (PHHSBG), the same level as FY 2001. Funds totaling \$45 million provided previously through the Crime Bill and included in the Block Grant budget activity line will now be included within Injury Prevention.

The PHHSBG provides states with funds for preventive health services including emergency medical services, school-based fluoridation and the control of rodents. Block grant funds also may be used to achieve progress toward the Healthy People 2010 goals, especially in areas of cardiovascular disease, cancer and public health education.

## **HEALTHY COMMUNITIES INITIATIVE**

The FY 2002 President's Budget seeks to encourage State and local innovations that target health risks such as heart disease, increased access to care, and higher quality care. Nine programs in CDC, HRSA and HCFA, which total about \$400 million annually are included in the initiative. This includes about \$185

million in CDC programs for cardiovascular disease, diabetes, prostate cancer, tobacco use, and demonstration projects to reduce racial and ethnic health disparities (REACH 2010).

## **OFFICE OF THE DIRECTOR**

CDC is engaged in an on-going, aggressive strategy to improve financial management of its disease prevention programs. Several recent external reviews of fiscal practice found a commitment to excellence, but needed upgrades of outdated systems and practices. The FY 2002 budget includes \$49 million, an increase of \$8 million, or 19 percent, over FY 2001. Of this increase, \$4 million is to replace CDC's aging accounting system with an enterprise-wide business solution. Additional funds will support management training activities to continue skills development of financial staff.

## **NEW BUDGET STRUCTURE**

The FY 2002 President's Budget includes a revised budget structure for CDC which more closely aligns funding with the centers, institutes and offices that manage these programs. For example, in the FY 2001 budget, the Infectious Disease budget activity provided funding for six centers and offices at CDC, while the National Center for Infectious Diseases (NCID) received funding from seven budget activities. In the FY 2002 budget, all funding in the Infectious Disease line will be for NCID programs. Similarly, NCID will receive funding only for Infectious Diseases and through cross-cutting activities. Other funding that has gone to NCID is reclassified as infectious disease funding. FY 2000 and FY 2001 appropriations are displayed comparably so that policy increases and decreases are clearly represented.

The budget display reduces the number of activity lines from nineteen to fifteen, and reduces the number of sub-activities by an estimated 70 percent. This information will be supplemented with estimates of spending on specific diseases which CDC, like NIH, will post on its Web site ([www.cdc.gov](http://www.cdc.gov)).

## CDC OVERVIEW

(DOLLARS IN MILLIONS)

	2000 Actual	2001 Enacted	2002 Request	Request +/- Enacted
<i>Centers for Disease Control and Prevention:</i>				
Infectious Diseases Control	\$ 254	\$ 318	\$ 332	+\$ 14
Immunization	475	553	575	+22
HIV/AIDS, STDs and TB Prevention	854	1,004	1,068	+24
Birth Defects, Disability and Health	50	70	76	+6
Chronic Disease Prevention and Health Promotion	531	750	575	-175
Environmental Health	88	137	137	-1
Epidemic Services and Response	69	77	80	+3
Occupational Safety and Health	226	260	266	+6
Injury Prevention and Control	132	143	144	+1
Health Statistics	112	122	127	+5
PHS Evaluation (non add)	72	72	127	+55
Preventive Health Block Grant	135	135	135	0
Public Health Improvement	92	111	110	-1
Buildings and Facilities	57	175	150	-25
Office of the Director	39	42	49	+8
ATSDR (VA/HUD Appropriation)	70	75	78	+3
Bioterrorism	153	181	182	+1
Diabetes (Mandatory Funding)	3	7	7	0
User Fees	2	2	2	0
<b>Subtotal Program Level</b>	\$3,342	\$4,202	\$4,093	-\$109
<i>Less Funds Allocated from Other Sources:</i>				
Health Statistics (PHS Evaluation)	-72	-72	-127	-55
Diabetes	-3	-7	-7	0
User Fees	-2	-2	-2	0
<b>Total Budget Authority</b>	\$3,265	\$4,121	\$3,957	-\$165
<b>Labor/HHS Appropriation</b>	\$3,195	\$4,047	\$3,879	-\$168
<b>VA/HUD Appropriation</b>	\$70	\$75	\$78	+\$3
<b>FTE</b>	7,862	8,165	8,267	+102